



## APPLICATION FOR BUSINESS TAX LICENSE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL.

**1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.**

\_\_\_\_\_ Classification 1A    \_\_\_\_\_ Classification 1C    \_\_\_\_\_ Classification 2    \_\_\_\_\_ Classification 4  
\_\_\_\_\_ Classification 1B    \_\_\_\_\_ Classification 1D    \_\_\_\_\_ Classification 3    \_\_\_\_\_ Classification 5

**2. REASON FOR APPLYING:**

☐ 1. New business    ☐ 2. Additional location    ☐ 3. Purchase of existing business

**3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION:** \_\_\_\_\_

**4. BUSINESS NAME AND EXACT LOCATION**

BUSINESS NAME

STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)

APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)

CITY                      STATE                      ZIP CODE

**5. BUSINESS MAILING ADDRESS**

NAME (ENTER LEGAL NAME, IF DIFFERENT)

P.O. BOX, STREET, ROUTE, OR HIGHWAY

APARTMENT OR SUITE NUMBER

CITY                      STATE                      ZIP CODE

**6. COUNTY IN WHICH BUSINESS IS LOCATED**

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?

☐ NO    ☐ YES

(If Yes, Name of City) \_\_\_\_\_

**7. BUSINESS TELEPHONE NUMBER**

(    ) \_\_\_\_\_

BUSINESS FAX NUMBER

(    ) \_\_\_\_\_

**8. CONTACT PERSON'S NAME**

CONTACT E-MAIL ADDRESS

**9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #**

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

☐ APPLIED FOR  
☐ NOT REQUIRED

**10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION**

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

☐ APPLIED FOR  
☐ NOT REQUIRED

**11. TYPE OF OWNERSHIP (SELECT ONE):**

☐ PROPRIETORSHIP    ☐ HUSBAND/WIFE OWNERSHIP    ☐ OTHER  
☐ PARTNERSHIP    ☐ CORPORATION    ☐ LIMITED LIABILITY COMPANY

**12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE**

**13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:**

**14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS**

(1) NAME

HOME TELEPHONE #

☐ SOCIAL SECURITY #

☐ FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

☐ Member    ☐ Officer    ☐ Partner    ☐ Owner - Individual    ☐ Owner - Company

(2) NAME

HOME TELEPHONE #

☐ SOCIAL SECURITY #

☐ FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

☐ Member    ☐ Officer    ☐ Partner    ☐ Owner - Individual    ☐ Owner - Company

**15. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)**

SIGN  
HERE:

SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

TITLE

DATE